



FEE TRANSMITTAL

MAIL STOP Patent Application

Total Amount Of Payment (\$)**170.00**

Complete If Known

Application No.	10/616,353
Filing Date	07/10/03
First Named Inventor	Kenneth J. VOSNIAK
Examiner Name	Not Assigned
Group Art Unit	2876

Attorney Docket No. 60497.000014

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

2. ☒ Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. **BASIC FILING FEE** ☐ Large Entity ☐ Small Entity

FEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Description	Fee Paid
<input checked="" type="checkbox"/> Surcharge - late filing fee or oath	\$ 130.00
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> _____ Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input checked="" type="checkbox"/> Other (specify) Assignment	\$ 40.00

2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS		20	8	x \$ 18.00	x \$ 9.00	\$ 00
INDEPENDENT CLAIMS		3	1	x \$ 84.00	x \$ 42.00	\$ 00
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 140.00	\$ 00
TOTAL EXTRA CLAIMS FEES						\$ 00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Tyler Maddy

Registration No. 40,074

Signature

Tyler Maddy

Date

October 9, 2003